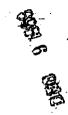
					SION OF HEALTH - STATE HEALTH AND WELFARE	IDARD CER			<b>1</b>	63-046	47
DO NOT WRITE AMENDED			,	R	egistration District No. 337	Primary Registration	District No	495 Registrar's No.	<u> </u>		
VS 300				7	PLED DEC 9 1963					sed lived. If institution	: Residence before admission)
Rev. 4/59	ATE AMENDED	. !		_	b. CITY (If outside corporate limits, give TO	WNSHIP only)	Length of stay in 1b		sour f. cou	"" Shelby _	Inside Limits
	NEN I				or Town Bethel, Mo.		17 vrs	OR TOWN	Bethel		Yes 12 No 🗆
1/020	<b> </b> ₹			-	c. FULL NAME OF (If NOT in hospital, give		Inside Limits	d. STREET ADDRESS		utside, give location)	Reside on Farm
2 1020 -	- A				HOSPITAL OR INSTITUTION		Yes 🗆 No 🖸	AUDICESS			Yes   No
3		廿	7	3	NAME OF DECEASED First (Type or print)	<del>,</del>	Middle	Last	4. DATE OF	Month Day	Year
4 /	1			l	Katherin	ne <u>So</u>	phia	Taylor	DEATH	Nov 19	1963
4/				5	6. COLOR OR RAC	7. Married Widowed	Never Married  Divorced	- 1	1	Months   Days	R IF UNDER 24 HR Hours Min.
5 /				-10	Female White  a. USUAL OCCUPATION (Give kind of work d			RY 11. BIRTHPLACE			F WHAT COUNTRY
6	2			during most of working life, even if retired HOUSCWIIC				Missouri	· · ·		
7 0				13	A. FATHER'S NAME	13b. M	OTHER'S MAIDEN NA			ME OF HUSBAND OR WIS	FE .
	<u> </u>				J.G.Bauer		<u>Louisa St</u>	ark	Jes	B D. Taylor	<u> </u>
* /) *	2				<ul> <li>WAS DECEASED EVER IN U.S. ARMED FORGES, no, or unknown) [(If yes, give war or date</li> </ul>		OCIAL SECURITY NO.			Address	-
2334X to			_	l -			<del>-</del>	Mrs Mari	on Gonne	rman.Bethe	1.MO.
10	- ( )		VEN		18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSEI	· / / · · · ·	<del></del> '. Co. 1	) - \ - \ \ \ \ \ . \ . \ . \	0 - 1	D 1	NTERVAL BETWEEN ONSET AND DEATH
11	- 10		DOCUMENT		IMMEDIATE CAUS	E (8)	vea ve	The state of the s	<u> </u>		<del></del>
1290-0			8		Conditions, if any, ) DUE	О (Ь)		· · · · · · · · · · · · · · · · · · ·			<u> </u>
1290-11	INSTEA				which gave rise to above cause (a).  stating the under-	<del>.</del> .					
13 7-0		H	-)		lying cause last. J DUE	TO (c)					<del></del>
				CERTIFICATION	PART II. OTHER SIGNIFICAN disease condition gi	IT CONDITIONS CO ren in PART I (a)	NTRIBUTING TO DEA	ATH but not related to	the terminal	PART III. If deceased there a pregu	was female was nancy in last 90 days.
SE											No Unknown
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z					19. WAS AUTOPSY 208. ACCIDENT SU PERFORMED?	CIDE HOMICIDE	206. DESCRIBE HO	OW INJURY OCCURRED	). (Enter nature of i	njury in PART I or PART	Il of item 18.)
- N				¥.	20c. TIME OF Hour Month, Day, Year	<del>                                     </del>	_!		<del></del>	<u> </u>	<del></del>
_ ⊻ ໘ັ ຊັ				VEDIC	INJURY a.m. p.m. ,						
USE BLACK INK OR PEWRITER RIBBON			,	~	WHILE AT WORK □ fa	ACE OF INJURY (e.g	., in or about home, frice bldg., etc.)	20f. CITY, TOWN, O	LOCATION	COUNTY	STATE
<b>-</b>					NOT WHILE AT WORK			18 166	<del></del>	<u> </u>	() 10(3
SLAC OR ITER	REA.				21. I attended the deceased from	~ (7 -13	<u>(</u>	. •	last saw her aliv	•	8-1963
					Death occurred at		m on 1		and to the best of	my knowledge, from the	
USE BLAC OR IYPEWRITER	SHOULD		Ģ		22a. SIGNATURE	(Degree or title)	<	22b. ADDRESS		· Mx	22c. DATE SIGNED
-	S		FIDAVIT	- <u>2</u> 2	la, BURIAL, CREMATION, 23b. DATE	23c. NAME	OF CEMETERY OR CE	REMATORY	23d LOCATION (C	ity, town, or county)	(State)
.	Š		ΪĐ		a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)  Burial Nov. 21.	1963 Ret	hel Zion			f Bethel.N	fo
	ITEM		Y AF	24	. FUNERAL DIRECTOR	ADDRESS	25. DA	ATE RECD. BY LOCAL R	1010	RAR'S SIGNATURE	•
1	. =		ja		C.W.Musgrove, B	ethel,Mo;		-21-63		) allena)	
						(Lice	ensed Embalmer's State	ement on Reverse Side)			



## STATEMENT BY LICENSED EMBALMER

· I h	ereby certify th	nat the boo	ly whose	name	recorded	on the reverse s	side of this certificate was embalmed by me,
	nder my person	al supervisi	ion.		<b>}</b>	Ru	Musgrove
Student	Signatu	re of Student E	mbalmer	_		gnea	7,500
	÷.	٠.	<b>*</b>	* '	<u>;</u>		P. O. Add Delay Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.